PTO/SB/22 (10-08) Approved for use through 11/30/2008. OMB 0651-0031

Under the Par	erwork Reduction Act of 1995, no persons are requ	U.S. Patent and ired to respond to a collectio	Trademark Office; U.S. Di n of information unless if disp	EPARTMENT OF COMMERCE plays a valid OMB control number.
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional)	
FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			SONY	JP 3.0-844
Application N			Filed No	vember 8, 2001
For BROADCAST RECEIVER AND METHOD AND APPARATUS FOR COMPUTING VIEWING/LISTENING INFORMATION				
Art Unit	2623		Examiner	F. E. Hossain
This is a requi	est under the provisions of 37 CFR 1.13	6(a) to extend the per	iod for filing a reply in	the above identified
The requested	extension and fee are as follows (chec	k time period desired	and enter the appropr	iate fee below):
r		<u>Fee</u>	Small Entity Fee	L
×	one month (37 CFR 1.17(a)(1))	\$130	\$65	\$ 130.00
	wo months (37 CFR 1.17(a)(2))	\$490	\$245	\$
	hree months (37 CFR 1.17(a)(3))	\$1110	\$555	\$
F	our months (37 CFR 1.17(a)(4))	\$1730	\$865	\$
	ive months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$
Applicant claims small entity status. See 37 CFR 1.27.				
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
X The Director has already been authorized to charge fees in this application to a Deposit Account.				
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-1095				
WARN	ING: Information on this form may becom		formation should not be	e included on this form.
	e credit card information and authorizatio	on on PTO-2038.		
I am the	applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
	attorney or agent of record. F		58,545	,.
		_		
	attorney or agent under 37 Cl			
	9 1/2 × 1 0		Novem	her 5, 2008
	Signature			ber 5, 2008 Date
	Natalie S. Morelli		(908)	654-5000
Typed or printed name Telephone Number				
	tures of all the inventors or assignees of record of t	he entire interest or their rep	resentative(s) are required.	Submit multiple forms if more
triair one sign	ature is required, see below.	•		
Tota	l of forms are su			 121095 - 120108 7
11/10/2000 00010000 00010000 00010000				
			2 FC:1251 136	э. юв. Ин
I hereby certify the date shown Alexandria, VA	that this paper (along with any paper referred to below with sufficient postage as First Class Mai 22313-1450.	as being attached or enclo	osed) is being deposited wi d to: Commissioner for Pa	th the U.S. Postal Service on stents, P.O. Box 1450,
Dated: Novemb		ature:	X0, (N	atalie S. Morelli)